

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

50 State Strategy

ADDRESS (number and street) 111 West Saint John St

Check if different than previously reported. (ACC)

Suite 700

San Jose CA 95113

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00502633

3. IS THIS REPORT ☒ NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

☒ July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y In the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y In the State of

5. Covering Period 01/01/2013 through 06/30/2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Robinson

Signature of Treasurer

Richard Robinson

Date

10/09/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: ^M0^N1^D01^Y2013 To: ^M06^N30^D2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		, 348.90
(b) Cash on Hand at Beginning of Reporting Period.....	, 408.90	
(c) Total Receipts (from Line 19)	, 0.00	, 0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 408.90	, 408.90
7. Total Disbursements (from Line 31)	, 72.00	, 72.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 348.90	, 348.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, 6,127.99	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

50 State Strategy

Report Covering the Period:

From:

01 / 01 / 2013

To:

06 / 30 / 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

000

000

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

000

000

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

000

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received

6127.99

6127.99

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

6127.99

6127.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

6127.99

6127.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	72.00	72.00
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E)	,	,
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72.00	72.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72.00	72.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3)	,	,	.	,	,	.
34. Total Contribution Refunds (from Line 28(d))	,	,	.	,	,	.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,	.	,	,	.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	,	,	7200	,	,	72.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,	.	,	,	.
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	,	,	7200	,	,	7200

13031130821

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

So State Strategy

Full Name (Last, First, Middle Initial)

A.

Union Bank

Date of Disbursement

01/31/2013

Mailing Address

Westgate 0114 P.O Box 512380

City

State

Zip Code

Los Angeles

CA

90051

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Union Bank

Date of Disbursement

02/28/2013

Mailing Address

Westgate 0114 Po Box 512380

City

State

Zip Code

Los Angeles

CA

90051

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Union Bank

Date of Disbursement

03/31/2013

Mailing Address

Westgate 0114 Po Box 512380

City

State

Zip Code

Los Angeles

CA

90051

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

\$36.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

50 State Strategy

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address
Westgate 0114 PO Box 512380

City Los Angeles State CA Zip Code 90051

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

04 ' 30 ' 2013

Amount of Each Disbursement this Period

, , 12.00

B. Union Bank

Mailing Address
Westgate 0114 PO Box 512380

City Los Angeles State CA Zip Code 90051

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

05 ' 31 ' 2013

Amount of Each Disbursement this Period

, , 12.00

C. Union Bank

Mailing Address
West gate 0114 PO Box 512380

City Los Angeles State CA Zip Code 90051

Purpose of Disbursement
Service Charge

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

06 ' 28 ' 2013

Amount of Each Disbursement this Period

, , 12.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

, , 36.00

TOTAL This Period (last page this line number only)..... ▶

, , 72.00

13031130823

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **8** OF **21**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Election:

Primary

General

Other (specify) ▼

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA**

ZIP Code **95113**

Original Amount of Loan

3.04

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

3.04

TERMS

Date Incurred

03 26 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

3.04

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130824

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **1** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA**

ZIP Code **95113**

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

259.43

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

259.43

TERMS

Date Incurred

04 / 30 / 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

259.43

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130825

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 21
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA

ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

369.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

369.00

TERMS

Date Incurred

05 02 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

369.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA

ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

259.76

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

259.76

TERMS

Date Incurred

05 19 2013

Date Due

Interest Rate

000 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

259.76

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130827

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 21
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA

ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

228.28

0

228.28

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 31 2013

0.00% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

228.28

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **13** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA**

ZIP Code **95113**

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

6.99

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

6.99

TERMS

Date Incurred

06 02 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

. Yes

. No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

6.99

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130829

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **14** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA** ZIP Code **95113**

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

699

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

6.99

TERMS

Date Incurred

06 02 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

6.99

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13051130830

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **15** OF **21**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA**

ZIP Code **95113**

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

801.44

0

801.44

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 09 2013

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

801.44

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130831

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA

ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

1023.18

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

1023.18

TERMS

Date Incurred

06 14 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

. Yes

. No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

1023.18

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **17** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA** ZIP Code **95113**

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

757.64

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

757.64

TERMS

Date Incurred

06 18 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

757.64

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130833

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 21
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

755.20

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

755.20

TERMS

Date Incurred

06 22 2013

Date Due

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

755.20

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA

ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

764.24

764.24

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 25 2013

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

764.24

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130835

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **20** OF **21**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City **San Jose**

State **CA**

ZIP Code **95113**

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

751.21

751.21

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 29 2013

0.00 % (apr)

. Yes

. No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

751.21

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130836

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

50 State Strategy

LOAN SOURCE Full Name (Last, First, Middle Initial)

Robinson Communications

Mailing Address

111 West Saint John St. Suite 700

City San Jose

State CA ZIP Code 95113

Election:

Primary

General

Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

141.59

0

141.59

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 30 2013

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

141.59

TOTALS This Period (last page in this line only) ▶

6127.99

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031130837

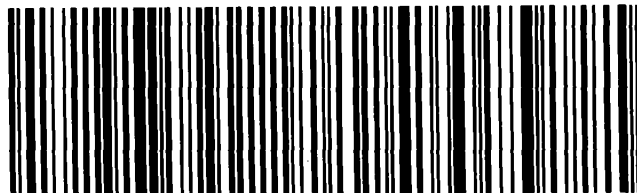


FedEx
TRK# 8040 9636 7907
0215

FRI - 11 OCT 10:30A
PRIORITY OVERNIGHT

XC RDVA

20463
DC-US
IAD



FID 117510 10OCT13 RHVA 51AC1/AB1B/65DD

FedEx Package
Express US Airbill

FedEx
Tracking
Number

8040 9636 7907

Form
ID No. 0215

Recipient's Co.

1 From
Date 10/9/13
Sender's Name Richard Robinson Phone 408 217-8107
Company ROBINSON COMMUNICATION INC.
Address 111 W SAINT JOHN ST STE 700
City SAN JOSE State CA ZIP 95113-1106

4 Express Package Service *To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lb.
For packages over 150 lbs., use
FedEx Express Freight US Air.

Next Business Day

- ☒ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Priority Overnight
Next business morning.* Friday shipments will be
delivered on Monday unless SATURDAY Delivery
is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning.*
Saturday Delivery NOT available.
- ☐ FedEx 2Day
Second business afternoon.* Thursday shipments
will be delivered on Monday unless SATURDAY
Delivery is selected.
- ☐ FedEx Express Saver
Third business day.*
Saturday Delivery NOT available.

2 Your Internal Billing Reference

3 To
Recipient's Name Federal Election Commission
Company FEC
Address 999 E. Street N.W.
City Washington State D.C. ZIP 20463

5 Packaging *Declare value limit \$500.

- ☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- ☐ No Signature Required
Package may be left without
obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address
may sign for delivery. Not applicable.
- ☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only. Not applicable.

Does this shipment contain dangerous goods?

- ☐ No ☐ Yes
One box must be checked.
As per attached
Shipper's Declaration.
Yes
Shipper's Declaration
not required.
- ☐ Dry Ice
Dry Ice, 6 UN 1845 x kg
- ☐ Cargo Aircraft Only

7 Payment Bill to:

- Enter FedEx Acct. No. or Credit Card No. below.
- ☒ Sender
Acct. No. in Section
I will be billed.
- ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 1

Total Weight 25 lbs.

Credit Card Auth.



0111390933

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

677

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>10/9/13</i>
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

Jm/p
PREPARER
(8/2013)

10/18/13
DATE PREPARED

13031130839